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CONFIRMATION NO. 6116

<b>SERIAL NUMBER</b> 10/706,188	<b>FILING OR 371(c) DATE</b> 11/11/2003 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> 17235
<b>APPLICANTS</b> Kota Ishibiki, Tokyo, JAPAN; ✓				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/JP02/12757 12/05/2002 ✓				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2001-374703 12/07/2001 ✓				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/10/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 23389				
<b>TITLE</b> Medical equipment autoclaving system, medical equipment autoclave, and medical equipment autoclaving method				
<b>FILING FEE RECEIVED</b> 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	